

Effective 3-31-03, pursuant to Public Act 664 of 2002, you should not submit commercial insurance rules and rates to us when you have placed a prominent disclaimer on the policy form for that type of commercial insurance, except workers compensation and credit life/disability coverage, which states "This policy is exempt from the filing requirements of section 2236 of the insurance code of 1956, 1956 PA 218, MCL 500.2236." or words that are substantially similar.

Michigan Office of Financial & Insurance Services

INSURANCE RULE, RATE & POLICY FORM FILING PROCEDURES

MANUAL FOR NON-SERFF FILINGS

March 13, 2003

This revised manual replaces all previously communicated filing procedures.

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Sample filing forms attached at the end of this manual

FIS-0700	Property & Liability Filing Summary
FIS-0701	Policy Form Data Sheet
FIS-0705	Property & Liability Rate/Rule Data Sheet

FIS-0708	Final Printed Rule/Rate/Form Submission
FIS-0782	Time Deviation Data Sheet
FIS-0789	Loss Cost Multiplier Manual Page
FIS-0797	Application for an Individual Risk
FIS-0800	Life & Health Filing Summary
FIS-0805	Life & Health Rate/Rating System Data Sheet
FIS-0810	Discretionary Group Life Insurance Application

Our web address www.michigan.gov/ofis provides links to the Michigan Insurance Code and to OFIS bulletins issued after 1995.

MANUAL INTRODUCTION

PURPOSE

This manual is designed to provide you (insurers and rating organizations) with instructions and filing forms for Life & Health and Property & Liability insurance products offered in Michigan. Conformance with manual instructions will ensure that you receive a timely response to rule, rate, and policy form submissions.

Filings that do not contain the mandatory filing components will be returned without review. Our response will show which components need correction.

MANUAL UPDATES

The text in this manual contains a sequential page numbering system and filing forms with unique identification numbers and edition dates. We will post all manual and filing form revisions on our website for use in future filings.

FORMAT

This manual is divided into a number of chapters. Each chapter will deal with specific topics that require filings by insurers and rating organizations.

ACTIONS WE WILL TAKE TO ACKNOWLEDGE AND RECORD YOUR FILING

Approval: All formal approvals or disapprovals will occur prior to 30 days from the date we receive your filing.

Deemer: All filings that are not approved or disapproved within 30 days from the date we received receive your filing will be deemed approved 30 days from the received date. However, we will contact you about the filing if we subsequently notice statutory violations.

Rates: All “prior approval” filings will be approved for use 30 days from the date we receive your filing, unless you specify a future effective date that is on or after the received date. All “file and use” filings will be approved for use on the date we receive your filing, unless you specify a future effective date.

Replacement: Policy forms, rules, and rates replaced by proposed versions will be inactivated the date the new submission is approved.

Withdrawn: Policy forms, rules, and rates that are withdrawn will be inactivated 30 days from the received date, unless you specify an effective date on or after the date we receive your filing.

PLEASE NOTE: Once you have filed rules, rates, and policy forms by way of SERFF for a line of insurance or type of product, you must submit a complete manual of rules, rates, and policy forms to us when you desire to subsequently submit a paper manual for that line of insurance or type of product because we will no longer have records for your company in paper format.

Chapter 1 - PROPERTY & LIABILITY FILING STRUCTURE

The purpose of this chapter is to provide general instructions for completion of filing forms and attachments for any filing. Chapter 2 and Chapter 3 contain additional specific requirements for some lines of insurance and types of filings. Property & Liability Review Standards Checklists can be accessed by going to the OFIS home page at www.michigan.gov/ofis and clicking on “Industry Services,” then “Insurance”.

Insurers and rating organizations are required by Michigan laws to submit filings for prior approval or acknowledgment. The completion of required filing forms provide you with a uniform method for submitting these filings.

Please use FIS 0700 as an aid in assembling your filing. Each insurance affiliate within a holding company must separately submit filings and each filing must contain a filing cover letter for us to stamp approval or acknowledgment for our records. Also, a duplicate filing cover letter must be attached so we can return it to you showing our stamped approval or acknowledgement. **For example, if you are filing for four affiliated insurers, you need to send four complete copies of the filing cover letter, filing forms, and attachments as well as one duplicate filing cover letter.** Insurers must also include a self-addressed envelope with sufficient postage to return the duplicate filing cover letter.

All filings submitted for “prior approval” or “file and use” acknowledgment should consider the requirements listed below. For your convenience, we have indicated when filing forms and attachments are mandatory.

The following items constitute an acceptable filing:

- 1) One FILING COVER LETTER for each insurer or rating organization wishing to secure approval or acknowledgment of a filing. MANDATORY FOR EVERY FILING
- 2) A DUPLICATE FILING COVER LETTER to indicate OFIS approval or acknowledgement. MANDATORY FOR EVERY FILING
- 3) A self-addressed postage stamped envelope of sufficient size to return your duplicate filing cover letter. MANDATORY FOR EVERY FILING
- 4) A FILING MEMORANDUM that identifies and explains changes to previously filed policy forms, endorsements, rules, and rates by form number, rule number, and manual page number. MANDATORY, EXCEPT FOR NEW PROGRAM FILINGS
- 5) FIS 0700-Property & Liability Filing Summary. MANDATORY FOR EVERY PROPERTY & LIABILITY FILING, except when you submit FIS 0797-Application for an Individual Risk. You may use the Property & Casualty Transmittal Document located at www.naic.org/1rates_forms. Please do not submit information for sections of FIS 0700 where the exact same information has been submitted on the Property & Casualty Transmittal Document. All others sections of FIS 0700 must be completed. You do not need to fill-in items on the Property & Casualty Transmittal Document for information that is not requested on the FIS 0700.
- 6) FIS 0701-Policy Form Data Sheet. MANDATORY when you desire to use new or revised policy forms/endorsements for the following lines of insurance and types of filings:
 - a) Those submitted by Rating Organizations (ISO, SAA, AAIS, etc.)
 - b) Automobile Insurance (only when the insurer has not previously had a no-fault policy approved in Michigan)
 - c) Credit Property/Casualty Insurance
 - d) Excess Loss Insurance for self-insured benefit plans

All other property & liability policy forms/endorsements are exempt from filing and should not be submitted pursuant to OFIS Bulletin 97-3. You may use the FORM FILING TRANSMITTAL located at www.naic.org/1rates_forms. Please do not submit information for sections of FIS 0701 where the exact same information has been submitted on the FORM FILING TRANSMITTAL, except to prove statutory readability at a score of 45 or above. All others sections of FIS 0701 must be completed. You do not need to fill-in items on the FORM FILING TRANSMITTAL for information that is not requested on the FIS 0701.

- 7) FIS 0705-Property & Liability Rate/Rule Data Sheet. MANDATORY when you want to use new or revised underwriting rules, rating rules, rates, and/or rating systems. You may use the RATE/RULE FILING TRANSMITTAL located at www.naic.org/1rates_forms. Please do not submit information for sections of FIS 0705 where the exact same information has been submitted on the RATE/RULE FILING TRANSMITTAL. All others sections of FIS 0705 must be completed. You do not need to fill-in items on the RATE/RULE FILING TRANSMITTAL for information that is not requested on the FIS 0701.
- 8) FIS 0708-Final Printed Rule/Rate/Form Submission. MANDATORY, when submitting final printed rules, rates, and/or forms after the original filing date. This form identifies whether or not the final prints contain changes not identified in the originally approved or acknowledged filing.
- 9) Exhibits with premium data, projections, and rate development data necessary to support your rates and rating systems pursuant to Michigan law. You are only required to file this information for new and revised rates and rating systems for personal lines insurance (private passenger auto, homeowners, personal umbrella, title, etc.).

For Personal Auto and Homeowners insurance, you must file an exhibit which shows the amount of any new and revised assessment recoupment fee(s) and the formula you used to determine the fee(s) for the policy term(s) utilized.

Insurers and rating organizations are free to provide any additional supporting information they feel is appropriate to assure OFIS staff that rates are not excessive, inadequate or unfairly discriminatory. This information may include past and prospective loss experience, both Michigan and countrywide; catastrophe hazards; underwriting profit and contingencies; dividends; past and prospective expenses; investment income; underwriting practice and judgment; and all other relevant factors.

- 10) A complete set of sequentially numbered manual pages that contain every new or revised underwriting rule, rating rule, rating system, and/or rate you will use to write coverage. **Underwriting Eligibility Rules are only required to be filed for personal automobile, homeowners, and medical malpractice insurance.** If you are revising a previously filed insurance program, you can submit only those manual pages that replace rules and rates previously filed with us. Please make sure that the revised pages contain each and every revision proposed in the filing and that they correspond to the sequential numbering scheme and rule/rate outline of the manual pages previously filed with us. Otherwise, you must file a complete set of sequentially numbered manual pages with corresponding rules and rates that replace the entire set of manual pages previously filed with us. A **sample revised** copy of each manual rule and rate page must be included when final printed manual pages are not submitted with the original filing cover letter. You will then have 90 days after

approval to submit final printed manual pages for the filing, otherwise the filing approval will be withdrawn.

If Michigan law allows, you may become a member of a licensed rating organization (ISO, AAIS, SAA, etc.) and utilize manual pages containing rules and rates it has filed on its members behalf. Pursuant to MCLA 500.2406(3), (4) and 2421, rating organizations cannot file workers' compensation rules, rates, and policy forms on behalf of insurers. You must file any manual pages you wish to utilize that deviate from the rules and rates currently on file for the rating organization, except in accordance with item **3. Deviation Filings by members of Rating Organizations** in Chapter 3. In addition, you cannot reference file the workers compensation rules and rates of any other insurer or affiliate.

Requirements for underwriting rules, rating rules, rating systems, and rates for particular lines of insurance appear throughout the Michigan Insurance Code. Please acquaint yourself with these provisions and give special attention to MCLA 500.2108, 2119, 2403, 2404, 2406, 2430(1), 2450(1), 2452(1), 2477, 2606(1)(4) & (5), 2628(1), 2646(1), and 2648(1). Also, acquaint yourself with Administrative Rules R500.901 thru 909, 1201 thru 1210, 1301 thru 1310, and 1501 thru 1521.

The Filing Cover Letter

The FILING COVER LETTER should be addressed to OFIS-Securities & Insurance Offerings Division.

Your caption (RE:) must identify the specific individual insurer seeking approval or acknowledgment and the type of insurance for which you are seeking rule, rate, and/or policy form approval or acknowledgement.

The body of the FILING COVER LETTER must briefly outline the new insurance program or proposed changes to the existing program and the letter must be signed by an individual authorized to make Michigan filings for you.

The Filing Memorandum

The FILING MEMORANDUM must provide in-depth information about the revised rules, rates, policy forms, and endorsements.

It must also prominently display the name of the specific individual insurer and the line of insurance to which it pertains. The body of the filing memorandum must contain an itemization and explanation of proposed changes and identify where they occur in the manual rule/rate pages and policy forms/riders.

Completion of FIS 0700-Property & Liability Filing Summary

- 1) Provide the specific individual insurance company name, the five-digit NAIC company number, and the FIS 0700 Property & Liability Filing Summary submission date.
- 2) Select one of the mutually exclusive categories in Item 1.
- 3) In Item 2, Select the line of insurance that the filing addresses. Checking more than one line of insurance will result in the submission being returned to you un-reviewed. If submitted rules, rates, policy forms and/or riders will be utilized to underwrite a line of insurance that is not identified, please check Other Personal Lines (specify) or Other Commercial Lines(specify) and write the name of the line of insurance you are filing for. If submitted rules, rates, and/or policy forms will be utilized to underwrite more than one line of insurance, please check Other Personal Lines (specify) or Other Commercial Lines(specify) and write “interline.” Checking more than one line of insurance will result in the submission being returned to you un-reviewed.
- 4) Use the filing checklist in Item 3 in order to assemble the needed documents for an acceptable filing.
- 5) A person authorized to submit filings for your company must sign the certification in Item 4 and print his or her name, title, and telephone number for future contact.

Completion of FIS 0701-Policy Form Data Sheet

- 1) Provide the insurer name, line of insurance, the five-digit NAIC company number of the insurer submitting the filing, and the FIS 0700 Property & Liability Filing Summary submission date.
- 2) In the SUBMITTED column list the unique identification number for each individual policy form and endorsement being filed for approval.
- 3) Place the Readability Score in the column next to each form in the SUBMITTED column, when submitting forms and endorsements for personal and household use. In order to receive approval, the readability score must be 45 or more, pursuant to MCLA 500.2236(3).
- 4) In the REPLACED column list the unique identification number for each policy form and endorsement being replaced by the policy form(s) and endorsement(s) identified in the SUBMITTED column.
- 5) In the WITHDRAWN column list the unique identification number for each policy form and endorsement that you will no longer utilize for new and renewal policies when your filing is approved.

Please submit as many copies of FIS 0701 as necessary to list every policy form and endorsement being submitted, replaced, and/or withdrawn as a result of your filing.

Completion of FIS 0705-Property & Liability Rate/Rule Data Sheet

- 1) Provide the insurer name, line of insurance, the five-digit NAIC company number of the insurer submitting the filing, and the FIS 0700 Property & Liability Filing Summary submission date.
- 2) Select the appropriate category in Item 1.
- 3) Enter the rate change that will result from your filing in Item 2.
- 4) Enter the dollar amount of the rate change that will result from your filing in Item 3.
- 5) Enter the percentage of rate change that will result from your filing in Item 3.
- 6) Select “file and use” or “prior approval” in Item 4.
- 7) Enter the PROPOSED EFFECTIVE DATE in Item 5.
- 8) In the SUBMITTED column, list manual page identification number(s) being filed.
- 9) In the REPLACED column, list manual page identification number(s) being replaced by those pages listed in the SUBMITTED column.
- 10) In the WITHDRAWN column, list manual page identification number(s) that will no longer be utilized when we give stamped approval or acknowledgement to your filing.

Please submit as many copies of FIS 0705 as necessary to list every manual page identification number being submitted, replaced and/or withdrawn as a result of your filing.

Chapter 2 - PROPERTY & LIABILITY FORM FILING SPECIFICS

The purpose of this chapter is to provide additional instructions for policy form and endorsement filings. OFIS Bulletin 97-3 and the **FILING REQUIREMENTS** section of this chapter show the lines of insurance and circumstances under which policy forms and endorsements must be filed. **All other property & liability forms are exempt from filing pursuant to Bulletin 97-3. Any submission that is not required will be returned un-reviewed.**

PROVISIONS OF LAW

Requirements for policy forms and endorsements for particular lines of insurance appear throughout the Michigan Insurance Code. Please acquaint yourself with these provisions and give special attention to MCLA 500.2236.

FILING REQUIREMENTS

When submitting policy forms and/or endorsements for approval you must provide the following, in addition to Chapter 1 requirements on page 3 under “**The following items constitute an acceptable filing:**”

- 1) New or revised policy forms/endorsements for the following lines of insurance and types of filings:
 - a) Those submitted by Rating Organizations (ISO, SAA, AAIS, etc.)
 - b) Automobile Insurance (only when the insurer has not previously had a no-fault policy approved in Michigan)
 - c) Credit Property/Casualty Insurance
 - d) Excess Loss Insurance for self-insured benefit plans

All other property & liability policy forms/endorsements are exempt from filing and should not be submitted pursuant to OFIS Bulletin 97-3.

Policy Form/Endorsement Submission

Submit one sample (draft) or final print copy of each new or revised form referenced in a filing. Once sample (draft) copies of forms are approved, final printed copies of the forms and a completed copy of FIS 708 must be submitted within 90 days of the effective date or approval will be withdrawn.

Forms utilized in Michigan must comply with all specific provisions of Michigan law and with the following requirements:

- 1) A unique identifying form number must be printed on each policy form and endorsement submitted for approval.
- 2) The specific name of the individual insurer submitting the filing for approval must be clearly printed on each policy form and endorsement, pursuant to MCLA 500.454.
- 3) Each policy form and endorsement must more prominently display the name of the individual insurer submitting the filing for approval than any other name(s) displayed.
- 4) Language in a form may not refer to any constitution, bylaws, rules, application or other documents unless the documents are endorsed upon or attached to the policy when written.

- 5) You cannot change policy provisions mid-term unless required by state or federal law, except when the policyholder requests additional or reduced coverage that you offer in your filed rules and rates.

Renewal Certificate

This is a renewal declaration that extends the policy for an additional term without providing the policyholder with the complete insurance contract. It can be issued when the policy form has not been revised, however it must show the following:

- 1) Insurance Company name.
- 2) Policyholders' name.
- 3) Policy number.
- 4) New policy term.
- 5) Renewal premium.
- 6) The instruction, "Attach this certificate to your previously issued policy form."
- 7) Any change in classification and coverage limits from the expiring policy unless conveyed by other endorsement form.
- 8) If not contained in the policy or by endorsement, a statement that "Endorsements that replace language in previously issued policy forms and endorsements will be substituted at each renewal date."
- 9) A statement that, "This policy is being renewed at rates in effect on the date of renewal."

Chapter 3 – SPECIFIC TYPES OF RULE/RATE FILINGS

This chapter provides specific additional instructions for filing underwriting rules, rating rules, rating systems, and rates for specific types of rule and rate filings.

FILING REQUIREMENTS

In addition to Chapter 1 requirements which begin on page 3 under "**The following items constitute an acceptable filing;**" the following lines of insurance and/or types of filings must contain:

- 1) **Medical Malpractice Insurance**

- a) Sequentially numbered manual pages displaying the new or revised statement of underwriting policy for insurers writing professional liability insurance for physicians and surgeons. Administrative Rule R 500.904 requires insurers to file a statement of their underwriting policy in objective terms.

2) **Health Care Providers and Hospital Professional Liability Insurance**

- a) Sequentially numbered manual pages displaying the new or revised merit rating plan for health care providers or hospital professional liability insurance. This plan must adjust rates based upon the risk management measures implemented by policyholders and may provide for a premium surcharge based on the filing of an action against the insured. MCLA 500.2404(2) requires these merit rating plans to:
 - i) Be filed with the Commissioner of Insurance.
 - ii) Not be based on a negative action filed against the insured more than three years immediately preceding the issuance or renewal of the policy.
 - iii) Not be based on a negative action for which the insured has been judged not liable, or for an action which has been dismissed or settled without an indemnity being paid on behalf of the insured.
 - iv) Not be based on a negative action for which the insurer pays, on behalf of the policyholder, indemnity and loss adjustment expenses with respect to that action in an amount that is less than 51 percent of the annual premium paid by the insured for the policy period covering such action.

3) **Deviation Filings by members of Rating Organizations**

Michigan law provides that insurers may become members/subscribers of licensed rating organizations for all property and liability insurance coverages, **except workers' compensation insurance**. If an insurer grants authority to a rating organization to make filings on its behalf as a member or subscriber, then the insurer is required by law to adhere to the filings made on its behalf, unless the insurer files rule and/or rate deviations pursuant to MCLA 500.2450, 2452, 2646 or 2648.

We accept two types of deviation filings from insurers. The first type of deviation (TYPE 1) is a rule and/or rate that differs from a specific rule and/or rate filed on the insurer's behalf by a rating organization. The second type of deviation (TYPE 2) is a delay in implementation of a filing made on the insurer's behalf by a rating organization. The TYPE 2 deviations are called Time Deviations. If, for reasons other than a delay in implementation of no greater than 1 year in duration, an insurer chooses not to adopt a filing made on its behalf by a rating organization, a TYPE 1 deviation must be filed.

- a) For TYPE 1 deviations, sequentially numbered exception manual pages reflecting the proposed new or revised rules and rates, which follow the rule numbering scheme outlined in the rating organization's manual for the specific coverage.

Insurers wishing to delay implementation of a rating organization filing may file a TYPE 2 time deviation. PLEASE NOTE: We will not approve a delay of implementation of indefinite duration. If an insurer cannot nominate an effective date for adoption of a filing made on its behalf, or chooses not to adopt the rating organization's filing, then the insurer must submit the manual pages it is currently using as a TYPE 1 deviation to those filed on its behalf by the rating organization unless the insurer has already filed these pages. Filed deviation pages will remain in effect until withdrawn by the insurer and will supersede pages for the specific rules and/or rates subsequently filed by the rating organization.

- b) For TYPE 2 deviations, an FIS 0782-Time Deviation Data Sheet is MANDATORY

4) Individual Risk Filings

- a) A fully completed original and one copy of FIS 0797-Michigan Application for an Individual Risk is **MANDATORY** for excess rates for specific policyholders (rates that are different from those you wish to remain on file for underwriting all other policyholders) for all lines of insurance and subdivisions where filing requirements have not been suspended by the Commissioner's Order No. 81-3055-M.

5) Entire Subdivisions Subject to Judgement Rating

- a) An (a) - rate rule must be contained on a manual page filed with and approved by the OFIS-Insurance Division for each program that you propose to judgement rate. THIS TYPE OF RATING MAY NOT BE USED FOR ANY PROGRAM UNTIL AN (a) – rate RULE IS FILED AND APPROVED.

MCLA 500.2410 and 2610 of the Insurance Code provide that the Commissioner of Insurance may, by written order, suspend or modify the requirement of filing for any kind of insurance subdivision or class of risk, for rates that cannot practicably be filed before they are used. Administrative Rule R 500.641 provides the factors that the Commissioner must take into account prior to issuing a written order suspending or modifying any filing requirement. On November 13, 1981, the Commissioner issued Order No. 81-3055-M, suspending the filing requirement for the following commercial lines of insurance:

Boiler & Machinery	General Liability
Burglary & Theft	Glass
Commercial Auto	Inland Marine
Excess Workers' Compensation	Livestock
Fidelity & Surety	Miscellaneous

Fire

Sprinkler

However, pursuant to the Commissioner's 1981 order, all (a) - rates and supporting information for which the filing requirements have been suspended must be kept on file at the insurer's home office. Each rate must remain on file for a period of not less than 3 years from its expiration date. All (a) - rates shall be available for review when requested by OFIS.

The following or similar language must be used for each (a) - rated program rule:

(Line of Insurance)

(Name of Program)

Risks written under this program will be (a) - rated. A file of all risks will be maintained in the home office of the company for a period of not less than 3 years from the expiration date of each risk.

ALL (a) - RATES REMAIN SUBJECT TO THE REQUIREMENTS OF MCLA 500.2027, 2403, AND 2603.

6) **Rate Filings Using Loss Cost Reference Documents**

- a) FIS 0789-LOSS COST MULTIPLIER MANUAL PAGE. This filing form is **MANDATORY** when using a rating organization's currently filed loss cost reference document. All class codes used must coincide with rating organization classes. Additional classes must have verbal descriptions in addition to their numerical identification.

Michigan law provides that insurers may become members/subscribers of licensed rating organizations for all property and liability coverages, **except worker's compensation insurance**.

Please review OFIS Bulletins 94-5 and 95-1 before proceeding.

HOW DOES AN INSURER COMPLETE THE FIS 0789-LOSS COST MULTIPLIER MANUAL PAGE?

Fill in the information identifying the manual, rating organization and line of insurance. Your page number in the box at the lower right will be used for our record keeping and must be referenced on filing form FIS 0705 when summarizing manual pages filed, replaced, and withdrawn.

FIS 0789 becomes the official record of the company's multipliers and expense fees used to calculate final premiums. Therefore, careful preparation of this document will enable us to decide if you have fulfilled your legal requirement to file your rates and rating plans. Please note this page must be used in conjunction with the rating organization loss cost document to calculate final premiums.

WHAT NEEDS TO BE DONE IF YOU DO NOT WISH TO ADOPT A RATING ORGANIZATION LOSS COST REFERENCE DOCUMENT?

Follow the directions in item **3. Deviation Filings by members of Rating Organizations**.

DOES THE LAST SET OF RATING ORGANIZATION MANUAL RATES REMAIN ON FILE?

No. Therefore, you must follow the directions in item **3. Deviation Filings by members of Rating Organizations**, if you do not wish to use the current loss cost reference document filed by your rating organization.

DOES A LOSS COST MULTIPLIER REMAIN ON FILE FOR USE WITH FUTURE LOSS COSTS REFERENCE DOCUMENTS?

Yes, any multiplier you file will apply to any new loss cost reference document filed by your rating organization, until you file a different multiplier. Once your rating organization files a new loss cost reference document, your filed multiplier no longer applies to the rating organizations' previous loss cost reference document unless you submit a filing to us in accordance with the directions in item **3. Deviation Filings by members of Rating Organizations**.

Chapter 4 - LIFE & HEALTH FILING STRUCTURE

The purpose of this chapter is to describe the contents of a typical life and/or health filing and to provide instructions for submitting policy forms, riders, rating systems, and rates. The completion of FIS 0800-Life & Health Filing Data Summary and related filing forms and attachments will provide insurers with a uniform methodology for submission of these filings.

Pursuant to the Michigan Insurance Code, most life insurance and all annuity rates are not subject to filing. Rates are required to be filed for:

- Individual accident and health coverage (e.g., major medical, income disability, dental)
- Medicare Supplement (individual and group policies)
- Long Term Care (individual and group policies)
- Credit Life (individual and group policies)
- Credit Accident & Health (individual and group policies)

STRUCTURE OF A FILING

Insurers or their filing agents wishing to secure approval or acknowledgment of a filing should use FIS 0800 as an aid in assembling the filing. All filings must contain an original filing cover letter for each insurer and one duplicate filing cover letter for us to return to you indicating our approval or acknowledgment. **For example, if you are filing for four affiliated insurers, you need to send four complete copies of the filing cover letter, filing forms, and attachments as well as one duplicate filing cover letter.** Insurers must also include a self-addressed envelope with sufficient postage to return the duplicate of the filing letter.

All filings submitted for “prior approval” or “file and use” acknowledgment should consider the requirements listed below. For your convenience, we have indicated when filing forms and attachments are mandatory.

The following items constitute an acceptable filing:

- 1) One FILING COVER LETTER for each insurer or rating organization wishing to secure approval or acknowledgment of a filing. MANDATORY FOR EVERY FILING
- 2) A DUPLICATE FILING COVER LETTER to indicate OFIS approval or acknowledgement. MANDATORY FOR EVERY FILING
- 3) A self-addressed postage stamped envelope of sufficient size to return your duplicate filing cover letter. MANDATORY FOR EVERY FILING
- 4) A FILING MEMORANDUM that identifies and explains revisions by policy form/rider number, rule number, and manual page number. MANDATORY, EXCEPT FOR NEW PROGRAM FILINGS
- 5) An ACTUARIAL MEMORANDUM that explains the rates and rate development in detail for the specified products. MANDATORY when you want to utilize new or revised rates and rating systems.
- 6) FIS 0800-Life & Health Filing Summary. MANDATORY ON EVERY LIFE & HEALTH FILING, except when you submit FIS 0810-Discretionary Group Life Insurance Application. You may use the Life & Health Transmittal Document located at www.naic.org/lrates_forms. Please do not submit information for sections of FIS 0800 where the exact same information has been submitted on the Life & Health Transmittal Document. All others sections of FIS 0800 must be completed. You do not need to fill-in items on the Life & Health Transmittal Document for information that is not requested on the FIS 0800.
- 7) FIS 0701-Policy Form Data Sheet. MANDATORY, when you desire to use new or revised policy forms/riders for the following lines of insurance and types of filings:
 - a) Credit Life/Accident/Health Insurance

- b) Medicare Supplement Insurance
- c) Universal Life Insurance (only if the insurer has not had a universal life policy approved since January 10, 1994)
- d) Certificates of Assumption

All other life & health policy forms/riders are exempt from filing and should not be submitted pursuant to OFIS-Insurance Division Bulletin 97-3.

You may use the Life & Health Transmittal Document located at www.naic.org/lrates_forms. Please do not submit information for sections of FIS 0701 where the exact same information has been submitted on the Life & Health Transmittal Document. All others sections of FIS 0701 must be completed. You do not need to fill-in items on the Life & Health Transmittal Document for information that is not requested on the FIS 0701.

- 8) FIS 0805-Life & Health Rate/Rating System Data Sheet. MANDATORY, if rules/rates are submitted. You may use the Life & Health Transmittal Document located at www.naic.org/lrates_forms. Please do not submit information for sections of FIS 0805 where the exact same information has been submitted on the Life & Health Transmittal Document. All others sections of FIS 0805 must be completed. You do not need to fill-in items on the Life & Health Transmittal Document for information that is not requested on the FIS 0805.
- 9) FIS 0708-Final Printed Rule/Rate/Form Submission. MANDATORY, when submitting final printed rules, rates, and/or forms after the original filing date. This form identifies whether or not the final prints contain changes not identified in the originally approved or acknowledged filing.
- 10) FIS 0810-Discretionary Group Life Insurance Application. MANDATORY for insurers who are seeking to provide Discretionary Group Life Insurance. You must submit a \$100.00 filing fee. MCLA 500.4424 requires a minimum group size of 250 persons and states that the maximum face value of the life policy cannot exceed a CPI adjusted limit. See our web address www.michigan.gov/ofis for the current maximum face value.
- 11) Life & Health POLICY FORMS/RIDERS. A **sample revised** copy of each policy form/rider must be included when final printed policy forms/riders are not submitted with the original filing cover letter. You will then have 90 days after approval to submit final printed policy forms/riders for the filing, otherwise the filing approval will be withdrawn.
- 12) Life & Health RULE/RATE PAGES and MARKETING MATERIALS. Rule/Rate Pages are MANDATORY for every insurer seeking to use new or revised rule/rates

in Michigan. The entire rating system including every classification rate must be submitted with each new and/or revised filing. In addition, you must submit marketing materials for Long-Term Care and Medicare Supplement coverage. A **sample revised** copy of each manual rule/rate page must be included when final printed manual pages are not submitted with the original filing cover letter. You will then have 90 days after approval to submit final printed manual pages for the filing, otherwise the filing approval will be withdrawn.

The Filing Cover Letter

The FILING COVER LETTER should be addressed to OFIS-Securities & Insurance Offerings Division.

Your caption (RE:) must identify the specific individual insurer seeking approval or acknowledgment and the type of insurance for which you are seeking rule, rate, and/or policy form approval or acknowledgement.

The body of the FILING COVER LETTER must briefly outline the new insurance program or proposed changes to the existing program and the letter must be signed by an individual authorized to make Michigan filings for you.

Any unusual features of a filing relative to coverage being sold by other companies shall be clearly described in the filing letter. Identify any policy forms, riders, rules, and/or rates contained in the filing that were previously disapproved or called to your attention by us for correction or revision. When a policy form/rate being filed ties in with another currently in use, the filing cover letter shall identify the type of policy form/rate with which the new filing ties in and the policy form numbers and shall specifically describe the nature of the tie-in.

The Filing Memorandum

The FILING MEMORANDUM must provide in-depth information about revised rules, rates, policy forms, and riders.

It must also prominently display the name of the specific individual insurer and the line of insurance to which it pertains. The body of the filing memorandum must contain an itemization and explanation of proposed changes and identify where they occur in the manual rule/rate pages and policy forms/riders.

Completion of FIS 0800-Life & Health Filing Summary

- 1) Provide the specific individual insurance company name, the five-digit NAIC company number, and the FIS 0800 Life & Health Filing Summary submission date.
- 2) Select one of the mutually exclusive categories in Item 1.

- 3) In Item 2, Select the line of insurance that the filing addresses. Checking more than one line of insurance will result in the submission being returned to you un-reviewed. If submitted rules, rates, policy forms and/or riders will be utilized to underwrite a line of insurance that is not identified, please check Other Life/Accident/Health Insurance (specify below) and write the name of the line of insurance you are filing for. If submitted rules, rates, policy forms and/or riders will be utilized to underwrite more than one line of insurance, please check Other Life/Accident/Health Insurance (specify below) and write “interline.”
- 4) Use the filing checklist in Item 3 to assemble the needed documents for an acceptable filing.
- 5) A person authorized to submit filings for your company must sign the certification in Item 4 and print his or her name, title, and telephone number for future contact.

Completion of FIS 0701-Policy Form Data Sheet

- 1) Provide the insurer name, line of insurance, the five-digit NAIC company number of the insurer submitting the filing, and the FIS 0800 Life & Health Filing Summary submission date.
- 2) In the SUBMITTED column list the unique identification number for each individual policy form/rider being filed for approval.
- 3) Place the Readability Score in the column next to each form in the SUBMITTED column, when submitting policy forms/riders for personal and household use. In order to receive approval, the readability score must be 45 or more, pursuant to MCLA 500.2236(3).
- 4) In the REPLACED column list the unique identification number for each policy form/rider being replaced by the policy form/rider identified in the SUBMITTED column.
- 5) In the WITHDRAWN column list the unique identification number for each policy form/rider that you will no longer utilize for new and renewal policies when your filing is approved.

Please submit as many copies of FIS 0701 as necessary to list every policy form/rider being submitted, replaced, and/or withdrawn as a result of your filing.

Completion of FIS 0805- Life & Health Rate/Rating System Data Sheet

- 1) Provide the insurer name, line of insurance, the five-digit NAIC company number of the insurer submitting the filing, and the FIS 0800 Life & Health Filing Summary submission date.

- 2) Identify the corresponding policy.
- 3) Enter the date you first issued the policy.
- 4) Enter the date you first issued the policy in Michigan, if different.
- 5) Select current new issue status in Michigan.
- 6) Enter the minimum permissible loss ratio, if applicable.
- 7) Enter the anticipated loss ratio, if applicable.
- 8) Enter the requested rate change as a percentage.
- 9) Enter the requested effective date for the rate change.
- 10) Attach an exhibit that briefly describes the reasons for the rate change including any unique and unusual situations.
- 11) Attach an exhibit which shows the rate changes for this product from inception by effective date of change.

Life & Health companies that have undergone a name change

Pursuant to OFIS Bulletin 97-03, only the following policy forms/riders are required to be re-filed for approval with the new company name:

- 1) Credit Life/Accident/Health Insurance
- 2) Medicare Supplement Insurance
- 3) Universal Life Insurance (only if the insurer has not had a universal life policy approved since January 10, 1994)
- 4) Certificates of Assumption

When there is a name change, the best business practice is to ensure that all policies issued after the effective date of the change show the new company name. However, insurers may use a name change endorsement on new issues for up to 6 months to exhaust a supply of pre-printed policies that show the previous company name.